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## RANDALL V. MILLS ARCHIVES OF NORTHWEST FOLKLORE

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### INFORMANT RELEASE FORM

I, \_\_\_\_\_ (*informant's name*), hereby contribute my interview or folklore item to \_\_\_\_\_ (*collector's name*) for deposit in the Randall V. Mills Archives of Northwest Folklore (herein after "RVMA"). I understand that the items deposited are added to the permanent collection of the RVMA. The deposited materials may be used for scholarly and educational purposes and may be duplicated. I understand that the RVMA plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the institution and its activities in any medium.

I hereby grant to the RVMA ownership of the physical property delivered to the RVMA and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the RVMA my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the interview or folklore item to be used, published, and copied by the RVMA and its assignees in any medium.

I agree that the RVMA may use my name, unless I request anonymity or pseudonymity, as well as any video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the RVMA, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of privacy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Informant Requests Anonymity: ☐ Yes ☐ No

Informant Requests Pseudonymity: ☐ Yes ☐ No

Pseudonym: \_\_\_\_\_

Signature of Parent/or Guardian (if informant is a minor) \_\_\_\_\_

Address (Optional): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_ Email: \_\_\_\_\_

INFORMANT RESTRICTIONS: \_\_\_\_\_